

Washington

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State CARE Act Program Profile

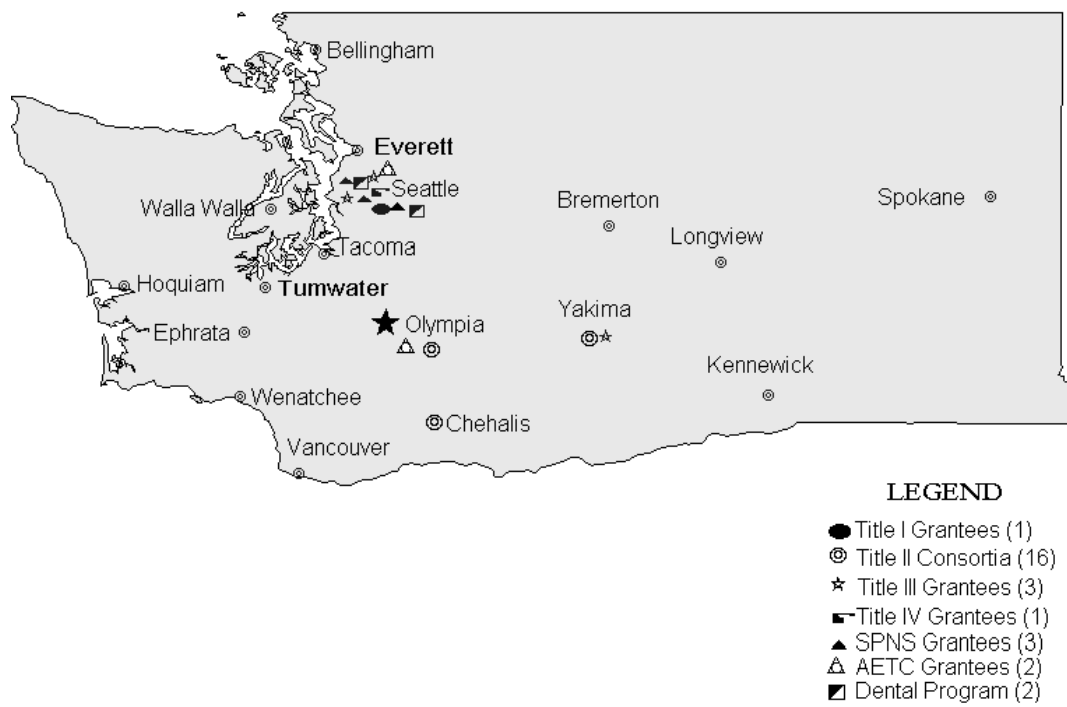
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$4,289,545	\$5,481,431	\$5,060,533	\$14,831,509
Title II (including ADAP)	\$3,154,250	\$4,898,005	\$6,404,980	\$14,457,235
ADAP	(\$667,463)	(\$2,067,728)	(\$3,527,217)	(\$6,262,408)
Title III	\$1,360,974	\$1,071,258	\$1,071,258	\$3,503,490
Title IV	\$479,790	\$531,440	\$558,012	\$1,569,242
SPNS	\$872,191	\$1,094,093	\$1,111,023	\$3,077,307
AETC	\$288,276	\$408,204	\$435,204	\$1,131,684
Dental	\$132,523	\$164,313	\$143,858	\$440,694
Total	\$10,577,549	\$13,648,744	\$14,784,868	\$39,011,161

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	1	1	1
Title III	4	3	3
Title IV	1	1	1
SPNS	3	3	3
AETC (grantee or subcontractor)	2	2	2
Dental	2	2	2

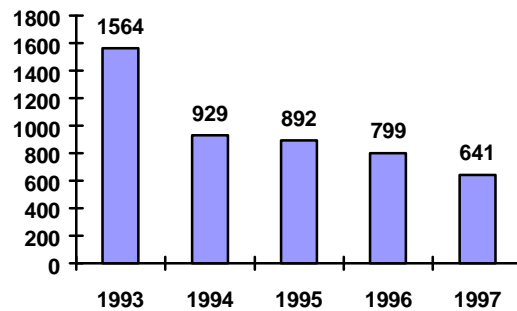
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Washington (Pop. 5,610,362)

- ▶ Persons reported to be living with AIDS through 1997: 3,308
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 4,825 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	89%	78%
Women (13 years and up):	11%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	75%	33%
African American:	12%	45%
Hispanic:	7%	21%
Asian/Pacific Islander:	2%	<1%
Native American/Alaskan Native:	3%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	56%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	10%	4%
Heterosexual contact:	7%	13%
Other, unknown or not reported:	16%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	170.1	194.5
Gonorrhea (1996)	37.2	124.0
Syphilis (1996)	0.2	4.3
TB (1997)	5.4	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** Crosscutting issues for 1998 reflect the gaps occurring from the changing needs of those affected by the epidemic, the changing nature of the disease, and a need for balance in care services. Current care systems must build capacity, cultural competency and new ways to serve diverse clientele with a combination of complex social and health issues. The continuum of care services and its funding streams must adapt to HIV/AIDS becoming a more manageable chronic illness while continuing to provide services to those persons for whom the new treatments are not working. Discussions must be held and funding decisions made with an effective and powerful voice of persons living with HIV/AIDS.

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	62% FPL

*Income eligibility for State's ADAP program is 370% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

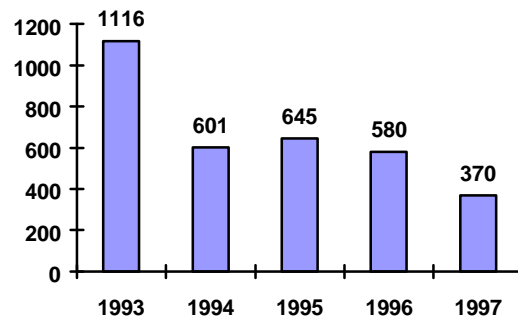
1915(b) waiver(s): Yes

Title I: Seattle (Pop. 2,200,000)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Island, King, Snohomish Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 2,463
- ▶ AIDS Cases (cumulative) since 1993: 3,312 (69% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	91%	89%	78%
Women (13 years and up):	9%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	75%	75%	33%
African American:	11%	12%	45%
Hispanic:	8%	7%	21%
Asian/Pacific Islander:	2%	2%	<1%
Native American/Alaskan Native:	4%	3%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	63%	56%	35%
Injecting drug user (IDU):	7%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	10%	10%	4%
Heterosexual contact:	5%	7%	13%
Other, unknown or not reported: (Adults only)	16%	16%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,300,924	\$2,554,954	\$2,620,881	\$7,476,759
Supplemental	\$1,988,621	\$2,926,477	\$2,439,652	\$7,354,750
Total	\$4,289,545	\$5,481,431	\$5,060,533	\$14,831,509

Allocation of Funds

	1998
Health Care Services	\$1,570,000/31%
Medications	\$300,000/6%
Case Management	\$948,186/19%
Support Services	\$1,735,000/34%
Administration, Planning and Program Support	\$507,347/10%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 35
- ▶ PLWH on planning council: 16 (46%)

Gender of Planning Council Members

Men:	63%
Women:	37%

Race/Ethnicity of Planning Council Members

White:	74%
African American:	14%
Hispanic:	6%
Asian/Pacific Islander:	6%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	13,550
Men:	77%
Women:	23%

<13 years old:	1%
13-19 years old:	0%
20+ years old:	98%

White:	79%
African American:	9%
Hispanic:	5%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	2%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	44%
Injecting drug user (IDU):	8%
Men who have sex with men and inject drugs (MSM/IDU):	11%
Heterosexual contact:	11%
Other, unknown or not reported:	26%

► Improved Patient Access

- The grantee estimates that more than 25% of the 5,547 persons in the primary care system are minority or underserved populations, well exceeding the EMA's HIV-prevalence statistics.
- The EMA reports that according to 1998 needs assessment data, 97% of persons interviewed (n=215) are currently receiving primary care services. The grantee's best estimates are that 5,547 persons have their primary care needs met, with another 2,503 persons having unmet or partially met needs, based largely on CDC's estimate that 60% of PLWH do not know their serostatus.

- During 1997, the Title I program funded eight new services, including: 1) coordination and linkage referral for urban and reservation Native American PLWH, funded through the Seattle Indian Health Board; 2) culturally competent buddy and emotional support and client advocacy for Asian/Pacific Islander communities, through the Asian-Pacific AIDS Council; 3) client advocacy services for deaf and blind PLWH, through the AIDS Project for the Deaf; 4) case coordination with case managers who serve dually and triply diagnosed PLWH living in a 64-unit independent living facility, through the Downtown Emergency Services Center; 5) the One-on-One Program, providing expanded post-test counseling to those newly diagnosed as HIV positive, that includes initial CD4 and viral load testing and referral and linkage into the community-based primary care system; 6) the Early Intervention Insurance Program, providing comprehensive health care and drug therapy insurance premium coverage; 7) protective payee services to assist multi-diagnosed clients with monthly budgeting, through the Bailey Boushay House; and 8) volunteer low-cost or pro bono attorney referrals for low-income PLWH.

► **Improved Patient Outcomes**

- Statewide in-patient utilization among PLWH indicate that a total of 203 AIDS-related hospital discharges occurred during the first half of 1997, as compared to 814 in 1996, and 1,395 in 1995. At one clinic receiving Titles I and III CARE Act funding that has an HIV census of approximately 250 clients, no deaths have occurred since October 1996.
- According to the Adult Spectrum of HIV-related Diseases (ASD) study, the average number of hospitalizations dropped and average length-of-stay declined from three days to two days from 1996 to 1997, and from 16 days to 12 days for persons whose CD4 counts ranged from 0-199.
- For person in all CD4 ranges, all CD4 counts have all increased in 1996, which is the first time since 1990 when the ASD study was initiated.

► **Cost Savings**

- Statewide HIV-related inpatient hospital costs have decreased from \$14.7 in 1995, to \$9 million in 1996, and \$3 million for the first half of 1997.

► **Other Accomplishments**

- A linked case management database was installed and became operational in FY 1997, which automates planning, scheduling, client monitoring and reporting. This increased inter- and intra-agency referrals for primary health care and related support services, and allowed case managers to increase the amount of time spent working with clients and decrease the amount of time spent on administrative functions.
- The Planning Council initiated several activities in FY 1997 to increase community in-put and representation and improve program functioning. These included: 1) establishing the Health Care Access Committee and Positive Voice Seattle, a PLWH coalition; 2) developing and distributing a Council promotional recruitment brochure; 3) sponsoring a Unit Cost Analysis Workshop to assist funded providers, particularly program managers and fiscal representatives in primary care and mental health agencies, in developing service unit definitions and performance standards; and 4) updating the five-year AIDS Housing Plan for the Seattle EMA.

- The Title I program has developed evaluation approaches and materials that have been shared with 11 other Title I EMAs or Title II State programs.

Title II: Washington

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$3,154,250	\$4,898,005	\$6,404,980	\$14,457,235
ADAP (included in Title II grant)	(\$667,463)	(\$2,067,728)	(\$3,527,217)	(\$6,262,408)
Minimum Required State Match	\$1,577,125	\$2,449,003	\$3,202,490	\$7,228,618

Allocation of Funds

	1998
Health Care (State Administered)	\$3,777,217/59%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$250,000)
ADAP/Treatments	(\$3,527,217)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$2,122,171/33%
Health Care*	(\$239,202)
ADAP/Treatment	(\$152,917)
Case Management	(\$1,027,573)
Support Services**	(\$702,479)
Administration, Planning and Evaluation (Total State/Consortia)	\$316,755/5%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 16

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Benton Franklin HIV/AIDS Consortium	Kennewick	Benton and Franklin Counties	\$43,079
Blue Mountain HIV CARE Consortium	Walla Walla	Walla Walla and Columbia Counties	\$66,020
Bridge Consortium	Bremerton	Challam, Jefferson and Kitsap Counties	\$151,938
Central Washington AIDS Coalition	Wenatchee	Chelan and Douglas Counties	\$38,047
Cowlitz Title II Consortium	Longview	Cowlitz County	\$59,868
Grant County HIV Care Consortium	Ephrata	Grant County	\$18,932
Lewis County HIV/AIDS Consortium	Chehalis	Lewis County	\$25,146
Mason County HIV/AIDS Care Consortium	Tumwater	Mason County	\$23,466
North Counties HIV/AIDS Care Consortium	Bellingham	Whatcom, Skagit, San Juan and Island Counties	\$143,791
Pacific/Grays Harbor HIV/AIDS Care Consortium	Hoquiam	Pacific and Grays Harbor Counties	\$46,929
Pierce County HIV CARE Consortium	Tacoma	Pierce County	\$437,144
Snohomish County HIV/AIDS Consortium	Everett	Snohomish County	\$278,998
Southwest Washington Consortium on HIV/AIDS	Vancouver	Clark, Skamania and Klickitat Counties	\$210,844
Spokane County RW CARE Consortium	Spokane	Ferry, Stevens, Pend, Oreille and Spokane Counties	\$269,106
Thurston County HIV CARE Consortium	Olympia	Thurston County	\$79,277
Yakima-Columbia AIDS Consortium	Yakima	Yakima County	\$59,348

Accomplishments

Clients Served (duplicated count), FY 1996:	2,420
Men:	79%
Women:	21%
<13 years old:	1%
13-19 years old:	1%
20+ years old:	96%
Other, unknown or not reported:	2%
White:	80%
African American:	7%
Hispanic:	7%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	2%
Other, unknown or not reported:	2%
Men who have sex with men (MSM):	65%
Injecting drug user (IDU):	18%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	12%
Other, unknown or not reported:	1%

► Improved Patient Access

- The number of clients accessing medications through ADAP increased 118% between 1995 (720 clients) and 1997 (1568 clients). Monthly utilization has grown by 57%, from an estimated average of 415 clients per month in 1996 to almost 650 per month as of May 1998.
- The total number of clients served through Title II-funded providers has increased from 2,320 clients in 1996 to 2,666 clients (not unduplicated) in 1997, a 15% increase. Mental health services have expanded 96% over that same period to 2,474 units of service in 1997.
- Outreach efforts have been renewed to improve accessibility to services.
- The ADAP formulary was expanded from 60 drugs in 1996 to 67 in 1998.
- In response to an increase number of PLWH being multiply diagnosed, many agencies providing case management services have hired case workers with strong backgrounds in chemical dependency and mental illness. Additionally, in ten communities across the State case managers met in structured workshops with persons working in substance abuse and mental health to develop a coordinated approach to client services.

► **Improved Patient Outcomes**

- AIDS deaths in Washington State declined 28% in 1996 and are expected to decline nearly 50% in 1997 (after death reporting is complete) with a greater decline among men having sex with men than among individuals in other risk categories. The decline in AIDS deaths and the increased survival of persons with AIDS since 1995 is likely due to the widespread use of highly active antiretroviral therapy.
- Based on Comprehensive Hospital Abstract Reporting System (CHARS) data, the number of AIDS patients admitted annually decreased 47% and the number of AIDS-related admissions declined 42% from 1995-1996, despite an overall increase in the number of Washington State residents living with reportable AIDS conditions. In spite of significant increased in inpatient day charges and per-admission charges, the reduced utilization of hospital inpatient days resulted in a decline in total AIDS-related hospital charges of at least 36% from minimum estimates of \$14.7 million in 1995 to \$9.4 million in 1996.

► **Cost Savings**

- Significant savings on drug costs is realized through a system of voluntary rebates from pharmaceutical manufacturers.
- Washington transitioned to a new pharmacy benefits management company in July 1998.
- Fifty-nine ADAP clients were enrolled in the Early Intervention Insurance program (a program that enables clients to obtain insurance by paying their premiums) in December 1998, which will result in a cost savings.

► **Other Accomplishments**

- Decisions concerning program operations, eligibility, and formulary are made by the State Department of Health with guidance from a steering committee comprising representatives from the Seattle EMA planning council, regional AIDS service networks (AIDSNETs) and the Department, as well as consumer and clinician representatives. This advisory group meets quarterly and additionally communicates via teleconference as needed.
- During 1997, the Title II program and the Seattle Title I program completed a joint needs assessment.
- Titles I and II work together to create a statewide funding pool for care services which consists of Title II formula funds and Title I EMA funds. For FY 1998, this pool includes any Portland EMA funds allocated to Clark County Washington through an agreed upon value of estimated services received by Clark County residents. The pool is allocated to the six AIDSNET regions based on each region's percentage of reported surviving AIDS cases. There is a set-aside for a statewide program to support early intervention insurance. Planning Councils in each AIDSNET then determine allocations to the consortia within the region.
- The ADAP works collaboratively with the State Medicaid program to ensure that Title II funds are the payor of last resort, including on-line access to identify as quickly as possible when clients become eligible for Medicaid. In addition, Title II and Medicaid-funded case managers work closely to facilitate close coordination of services and reduce duplication

AIDS Drug Assistance Program (ADAP): Washington

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$859,698	\$2,394,410	\$3,630,017	\$6,884,125
State Funds	\$417,500	\$3,650,000	\$3,350,000	\$7,417,500
Other: Title I	\$85,265	\$322,024	\$300,000	\$707,289
Total	\$1,362,463	\$6,366,434	\$7,280,017	\$15,008,914

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 67 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: Decision concerning with program are made by the State Department of Health with guidance from a steering committee that includes PLWH and consumers.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	1,300
Number using ADAP each month:	649
Percent of clients on protease inhibitors:	42%
Percent of active clients below 200% FPL:	86%

Client Profile, FY 1996

Men:	92%
Women:	8%
<13 years old:	0%
13-19 years old:	2%
20+ years old:	98%
White:	73%
African American:	8%
Hispanic:	9%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	3%
Other, unknown or not reported:	5%

Title III: Washington

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	4	3	3	
Total Title III funding in State	\$1,360,974	\$1,071,258	\$1,071,258	\$3,503,490

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 3 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 4,095
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 1,237
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 398
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 37%
 - ▶ from 200 to 499: 42%
 - ▶ above 500: 19%
 - ▶ unknown: 2%

Accomplishments

Clients served (primary care only), 1996:	1,237
Men:	92%
Women:	8%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	74%
African American:	15%
Hispanic:	8%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	2%
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Men who have sex with men (MSM):	52%
Injecting drug user (IDU):	10%
Men who have sex with men and inject drugs (MSM/IDU):	14%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	7%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	17%

► **Improved Patient Access**

- A total of 282 PLWH were served in 1997 by the Pike Market Medical Clinic and the Country Doctor Community Health Centers. This represents an 8% increase from those served the previous year.
- Harborview Medical Center provided clinical services to 288 new clients between July 1996 and June 1997, bringing the total number of clients to 941.
- The University of Washington operates a telephone medical consultation service known as MEDCON, for providers and consumers in the service area. The Madison Clinic, affiliated with the Harborview Medical Center, provides medical consultation for HIV-related questions, thus improving access and care for clients. Between July 1996 and June 1997, more than 380 consultation calls were received from physicians and individuals living with HIV disease.
- In FY 1996, the total number of new clients served by the Yakima Valley Farm Workers Clinic increased by 16%. The dental department is the only dental care available for clients in a three-county region.

► **Improved Patient Outcomes**

- The Country Doctor Community Health Centers report decreases in the number and length of hospitalizations during 1997 and 1998. The mortality rates have also decreased with no AIDS-related deaths occurring since October 1996.

- The Madison Clinic of the Harborview Medical Center has seen a dramatic drop in the death rates of clients. August 1997 was the first month in at least 10 years that a client followed in the clinic had not died. The improved mortality rate is thought to be a direct result of the availability, use and efficacy of highly active antiretroviral therapy. More than 60% of the clients were on combination therapy by mid 1997. The clinic also reports a decrease in the number of opportunistic infections and a delayed onset of AIDS for many clients.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Country Doctor Community Health Center	Seattle	King County	Community and Migrant (329/330) Health Center
Harborview Medical Center/Madison Clinic	Seattle	King County	Non-329/330/340 Health Center
Yakima Valley Farm Workers Clinic	Yakima	Counties in Washington and Oregon	Community and Migrant (329/330) Health Center

Title IV: Washington

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$479,790	\$531,440	\$558,012	\$1,569,242

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	6%
Women with children:	38%
Adolescents/young adults:	3%
Children:	26%
Infants:	10%
Clients with AIDS/HIV Infection:	95%

Accomplishments

All clients served, 1996:	239
Men:	2%
Women:	98%
(Adolescents and adults only)	
<13 years old:	35%
13-19 years old:	3%
20+ years old:	62%

White:	43%
African American:	33%
Hispanic:	5%
Asian/Pacific Islander:	3%
Native American/Alaskan Native:	7%
Other, unknown or not reported:	10%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	15%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	48%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	35%
Other, unknown or not reported:	2%

► **Improved Patient Access**

- The Seattle-King County Family/Pediatric AIDS Project implemented a childcare voucher program to facilitate access to care in June 1997. Since then, the grantee has provided 35 children with 5,856 hours of childcare off-site. This is in addition to the 148 children served on-site at the Northwest Family Center.
- In January 1997, the grantee opened an adolescent-specific medical clinic at Harborview Medical Center.
- In 1996, 27% of women and 59% of children enrolled in the Seattle Title IV project participated in research.
- Outreach and education services provided by YouthCare reached over 1,900 youth of color from August 1997 through January 1998. This is over 200 more than were reached during the same period in the previous year.

► **Improved Patient Outcomes**

- The Northwest Family Center has provided individual counseling on ways to reduce perinatal HIV infection to every pregnant HIV-infected woman served. Since 1994, no HIV-infected children have been born to women enrolled in the Title IV program.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Seattle/King County Health Department	Seattle	Western Washington, primarily Seattle-King and Yakima Counties	Health Department

Special Programs of National Significance (SPNS): Washington

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	3	3	3	
Total SPNS Funding in State	\$872,191	\$1,094,093	\$1,111,023	\$3,077,307

Project Descriptions

► University of Washington

Location: Seattle

Project period: 10/94 - 9/99

Population Served: Primary care/mental health providers, volunteers

Description of Services: This project introduces a unique model training program to educate both providers and families about HIV/AIDS-associated delirium, a debilitating neuropsychiatric disorder that can be managed if detected early and treated properly. The project began by documenting the low level of knowledge and attention given to delirium by providers. Subsequent efforts focused on education and training, including presentations and case discussions at participating hospitals and clinics, the initiation of psychiatric screening, and dissemination of an instructional videotape, "Unmasking AIDS-Related Delirium." The University of Washington developed this product to teach family members and providers how to diagnose, manage, and prevent the disorder.

Project Highlights

- The program conducted a survey of 110 HIV/AIDS patients and, of the 12% identified with delirium, found significantly higher incidences of death during hospitalization, a greater need for skilled home care, and longer inpatient stays.
- Project leaders inaugurated a series of 35 training sessions on HIV/AIDS-associated delirium and educated 234 providers on the causes, treatment options, and consequences of the disorder.
- Along with a study guide, the project has made its instructional videotape widely available to providers, families, and friends of clients with delirium.
- Biweekly consumer and family education/counseling sessions, as well as monthly presentations to hospital staff, have further extended the project's reach. As a result of project efforts, 133 previously unidentified clients agreed to undergo psychiatric screening.

► **University of Washington, Tri-county Project**

Location: Seattle

Project period: 10/96 - 9/01

Population Served: HIV-infected individuals w/mental illness

Description of Services: Traditionally, persons with HIV/AIDS and histories of mental illness, chemical dependency, and/or incarceration receive services from fragmented service delivery systems. The Tri-County Collaboration project provides a model for improving the integration of health-care delivery systems for persons with multiple issues while mainstreaming them into existing service organizations. The project facilitates linkages and cross-training among care providers, addresses policies at agency and system levels that obstruct integrated care, and uses a team of experts to disseminate information among networking organizations.

Project Highlights

- The Tri-County Collaboration project developed a model appropriate for care and treatment of multiply diagnosed people with HIV/AIDS, chronic mental illness, chemical dependency, and/or records of incarceration.
- The project forged working collaborative agreements with 10 local service providers from the HIV/AIDS, mental health, substance abuse, and corrections sectors to increase the integration of these delivery systems.
- Tri-County Collaboration established a mobile team to train providers in the treatment of clients with multiple diagnoses and their families. Training efforts include more than 200 clinical consultations, training workshops, and presentations.
- A project newsletter, an information/referral telephone line, and an e-mail/on-line service have improved information dissemination and exchange among collaborating agencies.
- Baseline agency and provider surveys have provided data on levels of awareness, capacity, and service for the target population.

► **Youthcare**

Location: Seattle

Project period: 12/93 - 11/98

Population Served: HIV-infected youth

Description of Services: The Seattle YouthCare project targets high-risk, homeless, and ethnic and sexual minority youth between the ages of 14 and 22 who are infected with HIV. The project combines HIV testing and counseling with early intervention and prevention case management in an effort to provide a continuum of care for infected adolescents. YouthCare offers complete shift coverage, outreach, and referral services at three local drop-in centers and on the streets. YouthCare case managers help young clients navigate the adult HIV service system by providing specialized services tailored to their needs.

Project Highlights

- YouthCare interventions include outreach referral cards that are handed out to youth with the times and locations of clinic sessions to encourage them to enroll and facilitate their access to care. The project also provides transportation services to improve access to social services (including meal services and drop-in sites) and help clients keep appointments for testing.
- Project staff provided psychosocial case management services to 71 previously unidentified, homeless, and sexual minority youth at high risk for HIV infection.
- YouthCare helped a group of HIV-positive youth create a social support and educational network for other HIV-positive young people.
- YouthCare published articles in peer reviewed journals to disseminate information about the project and its results. YouthCare also helped submit service model proposals to national and international conferences on HIV/AIDS.

AIDS Education and Training Centers: Washington

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Northwest AETC
- ▶ States Served: Alaska, Idaho, Montana, Oregon, Washington
- ▶ Primary Grantee: University of Washington, Seattle, WA
- ▶ Subcontractors in State: Dept. of Health, Community & Family Health - Olympia

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$288,276	\$408,204	\$435,204	\$1,131,684

Training Highlights from FY 1997

- In collaboration with the Washington State Department of Mental Health, SPNS grantees, and the Oregon Health Sciences University HIV Program, the AETC developed and facilitated a two-day integrated training for primary care providers and case managers. The training focuses on managed care issues, adherence, and collaborations between HIV/AIDS, mental health, and substance abuse case managers and care systems.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, a workshop on harm reduction was offered in June 1998. The workshop was geared toward substance abuse educators, counselors, HIV/AIDS and mental health case managers. Issues addressed at the training included substance abuse, harm reduction, and adherence to HIV/AIDS therapeutic regimens.
- The AETC co-sponsored a conference in Spokane titled, "HIV/AIDS Update with Grand Rounds." This course, attended by dentists and dental hygienists, included both lecture and the opportunity for participants to examine patients with oral manifestations.

- The AETC carried out several activities to disseminate information on the reduction of perinatal transmission of HIV. In 1997, two trainings were held for providers, one in Billings, Montana and the other in Portland, Oregon. In addition to the trainings, information on reducing perinatal transmission was mailed to 750 providers who work at primary care clinics. Medical directors at the clinics also received a book on the medical management of AIDS in women. The AETC also produced and distributed a fotonovella, an illustrated booklet that incorporates treatment information into a story, to assist providers in communicating information on reducing perinatal transmission to their patients.
- To educate providers about PHS treatment guidelines, a video on the treatment guidelines was distributed to every State Health Department in the region.
- In collaboration with the Washington State Department of Health-HIV/AIDS Client Services and early Intervention Program, and the Washington State Medical Association, a four-page needs assessment was developed to gather information on the knowledge level of Washington State primary care providers on HIV/AIDS therapeutics and assessment skills. Over 1,700 surveys were returned and the results will be used to tailor future training activities to the needs of providers.
- With supplemental AETC funds, the AETC is training primary care providers serving the Alaskan Native/Native American population in Alaska. This two-phase project, conducted in collaboration with the Alaskan Native Health Board, includes a needs assessment to be carried out in January 1999 and four regional trainings. The AETC also was one of the sponsors of AIDS Symposium, a statewide conference held in May 1998.
- The AETC maintains a web site that provides information about its services and products, including training schedules/descriptions and health education materials. In addition, the site links with other regional, national and international resources.
- The AETC collaborates and promotes the AIDS MEDCON service at the University of Washington. This telephone consultation service provides callers with a variety of HIV-related information such as clinical updates, information on new clinical trials, and bibliographies. New MEDCON callers inquiring about AIDS receive a "starter packet" that includes AIDS information and a description of the AETC's mission and services.

HIV/AIDS Dental Reimbursement Program: Washington

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$132,523	\$164,313	\$143,858	\$440,694

Accomplishments

Est. clients served, 1996:	2,678
Men:	55%
Women:	45%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
University of Washington Dental School	Seattle
University of Washington Medical Center	Seattle